

**Council of Community Clinics Health Network
Policy and Procedure**

Clinic/Health Center: CCHN Participating Clinic Sites	Subject: Unusual Occurrence DRAFT	Page: 1 of 1 Section:
Committee: CCHN Physician Council - Health Network BOD -	Date: 12/19/02	Replaces: Client Grievance/Unusual Occurrence
Rereview Date: 2/4/03	Signature(s):	

Expanded Information for Issues Requiring Board of Directors Approval

Action Requested: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Implement <input type="checkbox"/> Create
<p>Description: Revising the Unusual Occurrence Policy by the establishment of two separate policies: one for Unusual Occurrences and one for Complaints.</p> <p>Policy: Unusual occurrences are documented as soon as possible after the event, no longer than 24 hours, to assure accuracy of the facts. All staff involved in the occurrence will describe the event in writing on the Unusual Occurrence Worksheet for risk management issues. The worksheets are submitted to the Clinic Manager (Director or designee).</p> <p>Purpose: To establish a uniform process to obtain accurate, detailed information for all unusual occurrences and complaints. To analyze the data obtained from reports, to minimize risk potential and maintain and improve the quality of healthcare provided. To develop systems to reduce the recurrence of similar events.</p>
<p>Estimated Resource Needs:</p> <p>Designated Point Person to coordinate the tracking and trending Executive Director review of potential risk Medical Director for peer review of cases with a priority of 2a-3a Clinic Quality Management Committee</p>
<p>Notes on BOD Suggested Modifications:</p>

Purpose:

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To establish a uniform process to obtain accurate, detailed information for all unusual occurrences. To analyze the data obtained from reports, to minimize risk potential and maintain and improve the quality of healthcare provided. To develop systems to reduce the recurrence of similar events.

Policy:

Unusual occurrences are documented as soon as possible after the event, no longer than 24 hours, to assure accuracy of the facts. All staff involved in the occurrence will describe the event in writing on the Unusual Occurrence Report and submit the report to the Clinic Manager (Director or designee).

Staff Member: Any individual performing job related functions for the Clinic. This includes off site health promotion/education, fundraisers, volunteers and transportation drivers.

Definitions:

Against Medical Advice: Patient leaves before being seen by the provider or refuses to follow medical treatment..

Equipment/Supplies: An occurrence involving equipment such as malfunction or the supplies are not available.

Medication Error: Transcription Entry Error; Wrong: medication, patient, time, dosage, route, omitted, duplicated; incorrect narcotic count; drug tampering; fill error; adverse drug reaction.

Patient Assaulted or Injured: When there has been an assault on any patient/visitor of the Clinic. These instances must be reported to the local Law Enforcement.

Procedure/Treatment: Procedure or treatment: given to wrong patient, omitted, improper technique, delay, monitored incorrectly; unexpected complications; lost or mishandled specimen.

Security/Safety: Loss of property (dentures, eyeglasses, jewelry, etc.); fire; suicide; falls, disruptive physician/employee/patient; sexual assault; use of illegal drugs or alcohol; language barrier; disruptive patient.

Transportation: Incidents occurring during the transportation of patients in company owned vehicles. Also includes incidents occurring to clients while being transported for company business.

Type of Unusual Occurrences:

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Medication Errors
 Against Medical Advice
 Cardiac/Respiratory Arrest
 Security/Safety
 Falls
 Procedure/Treatment
 Equipment/Supplies
 Employee/Practitioner Assaulted or Injured
 Transportation

Procedure:

1. A **Report of Unusual Occurrence Worksheet or “Worksheet”** is initiated any time a staff member identifies an unusual occurrence. All employees involved in the incident will complete a Worksheet. When ever possible, the Worksheets will be completed during the shift on which the occurrence took place. The description of the event must be completed as soon as possible after the incident and as accurately as possible. Limit the description to facts.
2. The Worksheet is routed to the (Clinic/site supervisor) who will review, obtain additional information and attempt to resolve the problem with the patient if applicable. (The Clinic/site supervisor) completes the sections titled Action Taken, Follow Up and Resolution. The review of the occurrence should seek out information that will assist in determining the root cause or the event and recommend actions to prevent recurrence.
3. If a patient or a visitor voiced the event, the Clinic Manager (or a designee) may contact the person who voiced the issue to explain the resolution.
4. If the patient who initiated the notification is a managed care member, and he/she is not satisfied with the resolution, they are informed of their right to submit their issue to their health plan. The Clinic will assure that the patient has a copy of the specific health plan complaint form to complete and send to their health plan.
5. Within 24 hours of the occurrence, the completed Unusual Occurrence Worksheets are routed to the (Clinic Designated Individual – each Clinic to specify one individual.) Note: These documents are a description of the event and not a part of the medical record.
6. The (Clinic Designated Individual) will verify the nature of the occurrence and assign it a Priority Level. If indicated, corrective actions that will avoid occurrence of the event will be initiated. A Norcal Quality Management Report will be completed.
7. All Priority Level 2a through 3b incidents are immediately forwarded to the Executive Director. **The Medical Director peer review process always reviews these occurrences.** The Medical Director documents peer review actions taken on the Unusual Occurrence Worksheet.

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8. The (Clinic Designated Individual – each Clinic to specify one individual) reviews the Norcal Quality Management Report and submits the completed Form to Norcal’s Risk Management Department. Note: The Norcal Report is for Clinic use only. It is not a part of the medical record.
9. The (Clinic Designated Individual - or designee) will log the incident into the Access database, Unusual Occurrence Trending.
10. Quarterly reports are submitted to the clinic Quality Management Committee on the number and types of Unusual Occurrences. This Committee will evaluate reports with focus on implementation of recommended corrective actions and applied systems to eliminate potential future events.

Priority Levels for Client Grievance/Unusual Occurrences:

1. The following are priority levels for classifying Unusual Occurrences:
 - A. **Level 0:** No quality of care issues
 - B. **Level 1:** Pertains primarily to the art of caring and communication issues.
 - C. **Level 1a:** Surgical complications-Untoward surgical or post-surgical events which are not determined to be due to negligence or poor technical ability.
 - D. **Level 1b:** Pertains to minor systems problems, including documentation issues.
 - E. **Level 2a:** Pertains to systems problems with potential for an adverse outcome to the patient.

Level 2b: Pertains primarily to clinical issues and/or clinical judgment directly impacting patient care with the potential for a mild to moderate adverse effect on the patient or for cases, which demonstrate mild adverse effects on the patient.
 - F. **Level 2c:** Clinical issues which reflect the potential for significant to serious adverse effect on the patient or for those cases that demonstrate moderate adverse effect on the patient.

Level 3: Death with no medical mismanagement. Clinical intervention would not have effected the outcome.

Level 3a: Medical mismanagement with significant adverse effect on the patient. “Significant Adverse Effect” is defined as:

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1. Unnecessarily prolonged treatment, complications, or readmission; or
2. Patient management which results in anatomical or physiological impairment, disability or death. (**Sentinel Event**)